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## SUBSTITUTE HOUSE BILL 1364

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State of Washington 57th Legislature 2001 Regular Session

By House Committee on Health Care (originally sponsored by Representatives Pflug, Edmonds, Cody, Campbell, Boldt, Doumit, Pennington and Schual-Berke)

Read first time . Referred to Committee on .

- 1 AN ACT Relating to general anesthesia services; adding a new
- 2 section to chapter 41.05 RCW; and adding a new section to chapter 48.43
- 3 RCW.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 <u>NEW SECTION.</u> **Sec. 1.** A new section is added to chapter 41.05 RCW 6 to read as follows:
- 7 (1) Each employee benefit plan offered to public employees and
- 8 their covered dependents that provides coverage for hospital, medical,
- 9 or ambulatory surgery center services must cover hospital and general
- 10 anesthesia services in conjunction with dental procedures in a hospital
- 11 or ambulatory surgical center if the covered person:
- 12 (a) Is under the age of seven with a dental condition and the
- 13 required procedure cannot be safely and effectively performed in a
- 14 dental office;
- 15 (b) Is physically or developmentally disabled and cannot be safely
- 16 and effectively treated in a dental office as determined by the
- 17 dentist; or
- 18 (c) Has at least one medical condition that would create an undue
- 19 medical risk if treatment is not performed in a hospital or ambulatory

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- surgery center as determined by the patient's physician; such treatment must be approved by the patient's physician.
- 3 (2) Each employee benefit plan offered to public employees and 4 their covered dependents that provides coverage for dental services 5 must cover general anesthesia services in conjunction with dental 6 procedures if the covered person is:
- 7 (a) Under the age of seven and the required procedure can be safely 8 and effectively performed in a dental office; or
- 9 (b) Physically or developmentally disabled and can be safely and 10 effectively treated in a dental office.
  - (3) This section does not:

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- 12 (a) Prevent the application of standard cost-sharing requirements 13 applicable to other covered benefits;
- 14 (b) Limit the authority in negotiating rates and contracts with 15 specific providers;
- 16 (c) Apply to medicare supplement policies or supplemental contracts 17 covering a specified disease or other limited benefits; or
- 18 (d) Prevent the requirement that services be provided in a 19 participating health care facility.
- 20 (4) Prior authorization may be required in a manner similar for 21 hospitalization of other covered conditions.
- (5) For the purpose of this section, "general anesthesia" means a state of unconsciousness accompanied by a loss of protective reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command.
- 26 (6) This section applies to employee benefit plans issued or 27 renewed on or after the effective date of this section.
- NEW SECTION. Sec. 2. A new section is added to chapter 48.43 RCW to read as follows:
- 30 (1) Each health carrier that provides coverage for hospital,
- 31 medical, or ambulatory surgery center services must cover hospital and
- 32 general anesthesia services in conjunction with dental procedures in a
- 33 hospital or ambulatory surgical center if the covered person:
- 34 (a) Is under the age of seven with a dental condition and the
- 35 required procedure cannot be safely and effectively performed in a

36 dental office;

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- 1 (b) Is physically or developmentally disabled and cannot be safely 2 and effectively treated in a dental office as determined by the 3 dentist; or
- 4 (c) Has at least one medical condition that would create an undue 5 medical risk if treatment is not performed in a hospital or ambulatory 6 surgery center as determined by the patient's physician; such treatment 7 must be approved by the patient's physician.
- 8 (2) Each health carrier that provides coverage for dental benefits 9 must cover general anesthesia services in conjunction with dental 10 procedures if the covered person is:
- 11 (a) Under the age of seven and the required procedure can be safely 12 and effectively performed in the dental office; or
- 13 (b) Physically or developmentally disabled and can safely and 14 effectively be treated in the dental office.
  - (3) This section does not:

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- 16 (a) Prevent the application of standard cost-sharing requirements 17 applicable to other covered benefits;
- 18 (b) Limit the health carrier in negotiating rates and contracts 19 with specific providers;
- 20 (c) Apply to medicare supplement policies or supplemental contracts 21 covering a specified disease or other limited benefits; or
- 22 (d) Prevent the requirement that services be provided in a 23 participating health care facility.
- 24 (4) Prior authorization may be required in a manner similar for 25 hospitalization of other covered conditions.
- (5) For the purpose of this section, "general anesthesia" means a state of unconsciousness accompanied by a loss of protective reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command.
- 30 (6) This section applies to health benefit plans and dental plans 31 authorized under RCW 48.44.035 issued or renewed on or after the 32 effective date of this section.

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